NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Special Child, Adult and Early Intervention Svcs

Hemophilia Services

STATUTORY AUTHORITY:

N.J.S.A. 26:2-90

GRANT PROGRAM NO. 04-62-SCH **TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To continue partial support to currently funded regional treatment programs for hemophilia patients residing in New Jersey and to provide partial support for the purchase of health insurance policies for New Jersey residents with hemophilia on home care/self-infusion treatment.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

It is expected that approximately \$980,000 will be available in SFY 2004 to support the SCAEIS statewide network of four regional hemophilia treatment programs and one health insurance grant.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

- 1. Terms and Conditions for the Administration of Grants
- 2. General and specific Grant Compliance requirements issued by the Granting Agency.
- 3. Applicable Federal Cost Principles relating to the Applicant

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

A portion of these funds are granted to the Hemophilia Association of New Jersey as a sole source grant for the purchase of health insurance policies. New Jersey medical schools and public or private non-profit hospitals with experience in caring for those with hemophilia in New Jersey. Preference will be given to continuation applicants who have performed satisfactorily.

OUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Applicants must be capable of meeting criteria established by the program, which are available on request from the address listed below.

APPLICATION PROCEDURES:

Applications for continuation of existing Health Service Grants will be mailed by the Department on or about March 14, 2003.

FOR INFORMATION CONTACT:

Kathleen Lutz

Dept. of Health and Senior Svs., Div. of Family Health Svs.

Special Child, Adult and Early Intervention Services

P.O. Box 364

Trenton NJ 08625-0364

TELEPHONE: (609) 292-1582

FAX: (609) 943-5752

E-MAIL: Kathleen.lutz@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Continuation applications must be received by April 18, 2003 for funding to begin July 1, 2003. Notice of recommendation of award will be made on or about May 23, 2003.

62